DIVISION OF MEDICAL SERVICES
PROVIDER BULLETIN

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HEARING AID BULLETIN

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HEARING AID PROGRAM

Effective September 1, 2005 the Hearing Aid Program benefits will change due to the passage of Senate Bill 539 by the 93rd General Assembly. All Hearing Aid services will be eliminated for adults in Medicaid Eligibility codes 01, 04, 05, 10, 11, 13, 19, 21, 24, 26, 83, and 84.

Hearing Aids ordered or fabricated prior to September 1, 2005 and placement occurs on or after September 1, 2005, may be covered under the custom-made item policy. Refer to section 13.15 of the Hearing Aid Manual for further information on the custom-made item policy.

HEARING AID PROCEDURE CODE CHANGES

Effective August 1, 2005 Certificate of Medical Necessity (MN) and Report of Hearing Aid Evaluation (RHAE) forms have been removed from some Hearing Aid procedure codes.

The Certificate of Medical Necessity (MN) is no longer required to be submitted with the claim form if the code has the indicator “MNF” (Medical Necessity on File) under the restrictions column. A “MNF” under the restrictions column indicates a certificate of medical necessity must be completed and maintained in the provider’s records. The affected codes are listed below:

Proc Code	Description	Restrictions	Allowed Amount
92531	Spontaneous nystagmus including gaze	MNF	$18.85
92532	Positional nystagmus test	MNF	$21.90
92533	Caloric vestibular test each irrigation (binaural bithermal stimulation constitutes four tests)	MNF	$24.45
92534	Optokinetic nystagmus test	MNF	$27.10
92541	Spontaneous nystagmus test including gaze and fixation nystagmus, with recording	MNF	$20.00
92542	Positional nystagmus test minimum of 4 positions with recording	MNF	$20.00
92543	Caloric vestibular test each irrigation (binaural bithermal stimulation/4-tests) with recordings	MNF	$35.00
92544	Optokinetic nystagmus test bidirectional foveal orperipheral stimulation with recording	MNF	$10.00
92545	Oscillating tracking test with recording	MNF	$10.00
92546	Sinusoidal vertical axis rotational testing	MNF	$15.00
92547	Use of vertical electrodes (list separately in addition to code for primary procedure)	MNF	$15.00
92562	Loudness balance test, alternate binaural or monaural	NONE	$3.30
92563	Tone decay test	NONE	$3.30
92564	Short increment sensitivity index (SISI)	NONE	$3.30
92567	Tympanometry (impedance testing)	NONE	$5.00
92568	Acoustic reflex testing	NONE	$5.00
92569	Acoustic reflex decay test	NONE	$5.00

Effective August 1, 2005, manual pricing (MP) and invoice of cost (IOC) have been removed from the procedure code listed below. The Division of Medical Services (DMS) has determined a Medicaid Maximum Allowable Amount for this procedure code.

Proc Code	Description	Restrictions	Allowed Amount
V5266	Battery for use in hearing device	NONE	$1.56

Effective August 1, 2005, DMS will require prior authorization (PA) for the manually priced procedure code listed below. An invoice of cost must be submitted with the PA request form.

Proc Code	Description	Restrictions		Allowed Amount
L8619	Cochlear implant external speech processor, replacement	PA	IOC	MP

HEARING AID SERVICES – NURSING HOME RESIDENTS

Medicaid recipients living in a nursing facility will not experience the service reductions effective September 1, 2005. Nursing facility level of care must be indicated on the Medicaid eligibility file. When providing services to a recipient who is living in a nursing facility, providers should continue to submit claims to Missouri Medicaid in the same way they did prior to September 1, 2005.

Provider Bulletins are available on the DMS Website at http://www.dss.mo.gov/dms/pages/bulletins.htm. Bulletins will remain on the Published Bulletin site only until incorporated into the provider manuals as appropriate, then moved to the Archived Bulletin site.

Missouri Medicaid News: Providers and other interested parties are urged to go to the DMS Website at http://dss.missouri.gov/dms/subscribe/MedNewsSubscribe.htm to subscribe to the list serve to receive automatic notifications of provider bulletins, provider manual updates, and other official Missouri Medicaid communications via e-mail.

MC+ Managed Care: The information contained in this bulletin applies to coverage for:

- MC+ Fee-for-Service
- Medicaid Fee-for-Service
- Services not included in MC+ Managed Care

Questions regarding MC+ Managed Care benefits should be directed to the patient's MC+ Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the red MC+ card or by calling the Interactive Voice Response (IVR) System at 1-573-635-8908 and using Option One.

Provider Communications Hotline
573-751-2896